

FEC FORM 5

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REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation NATIONAL REPUBLICAN SENATORIAL COMMITTEE		3. FEC Identification Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00027466</div>			
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 425 SECOND STREET NE					
(c) City, State and ZIP Code WASHINGTON DC 20002					
2.	Corporate filers only Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">Individual filers only</td> <td style="width: 65%;">Name of Employer</td> <td style="width: 30%;">Occupation</td> </tr> </table>			Individual filers only	Name of Employer	Occupation
Individual filers only	Name of Employer	Occupation			

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☒ 24-Hour Report ☐ 48-Hour Report
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

M M

 /

D D

 /

Y Y Y Y

THROUGH

M M

 /

D D

 /

Y Y Y Y

6. TOTAL CONTRIBUTIONS

.00

7. TOTAL INDEPENDENT EXPENDITURES.....

23926.76

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Douglas W. Robinson

08/29/2006

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Full Name (Last, First, Middle Initial) of Payee
Targeted Creative Communications

Date

M M / D D / Y Y Y Y
0 8 / 2 8 / 2 0 0 6Mailing Address
106 S. Columbus St.

Amount

13029.76

City
AlexandriaState
VAZip Code
22314Purpose of Expenditure
Direct MailCategory/
Type

004

Office Sought:

☐ House

State: RI

Senate

☒ Senate

District: 00

☐ President

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Stephen P. LaffeyCalendar Year-To-Date Per Election
for Office Sought

205514.42

Disbursement For:

☐ Primary☐ General☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
The Tarrance Group

Date

M M / D D / Y Y Y Y
0 8 / 2 8 / 2 0 0 6Mailing Address
201 North Union
Ste. 410

Amount

10897.00

City
AlexandriaState
VAZip Code
22314Purpose of Expenditure
Survey ResearchCategory/
Type

005

Office Sought:

☐ House

State: RI

Senate

☒ Senate

District: 00

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Lincoln D. ChafeeCalendar Year-To-Date Per Election
for Office Sought

205514.42

Disbursement For:

☐ Primary☐ General☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

23926.76

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

23926.76